

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. WC581718A Company AMERICAN INTERNATIONAL

☐ Certified copy is hereby furnished.
☒ Certified copy is filed with the county building inspection department.

Date 4/10/90 Applicant AD/ART INC.
 CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____
 NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 122384 Lic. Class C10/45

Contractor AD/ART INC. Date 4/10/90

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent Edmund B. Edman Date 4/10/90

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					
BUILDING ADDRESS <u>720 SAN GABRIEL BLVD.</u>					
CITY <u>SAN GABRIEL</u>		ZIP <u></u>			
SIZE OF LOT <u>255' X 165'</u>		NO. OF BLDGS. NOW ON LOT <u>1</u>			
TRACT	BLOCK	LOT NO.			
OWNER <u>McDONALDS CORP.</u>		TEL. <u>(818) 594-2525</u>			
ADDRESS <u>21300 VICTORY BLVD.</u>					
CITY <u>WOODLAND HILLS</u>		ZIP <u>91367</u>			
ARCHITECT OR ENGINEER		TEL. NO.			
ADDRESS					
CONTRACTOR <u>AD/ART INC.</u>		TEL. <u>(213) 260-4600</u>			
ADDRESS <u>5107 E. TELEGRAPH</u>		LIC. NO. <u>122384</u>			
CITY <u>LOS ANGELES, CA. 90022</u>		LIC. CLASS <u>C10/45</u>			
SQ. FT. SIZE <u>4382</u>	NO. OF STORIES <u>1</u>	NO. OF FAMILIES <u>0</u>	CHECK ONE		
DESCRIPTION OF WORK <u>INSTALL 1-DNE SGL/FACE SIGN</u>			NEW <input checked="" type="checkbox"/>		
			ADD <input type="checkbox"/>		
			ALTER <input type="checkbox"/>		
			REPAIR <input type="checkbox"/>		
			DEMOL <input type="checkbox"/>		
USE OF EXISTING BLDG. <u>RESTURANT</u>					
APPLICANT (PRINT) <u>AD/ART INC.</u>		TEL. <u>(213) 260-4600</u>			
ADDRESS <u>5107 E. TELEGRAPH RD., L.A., CA. 90022</u>					
PRESENT BUILDING ADDRESS					
LOCALITY					
MOVING CONTRACTOR		TEL. NO.			
ADDRESS					
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE		EXIST. WIDTH
FRONT P.L.					
SIDE P.L.					
P.C. Fee \$ <u>32.09</u>		Permit Fee <u>38.25</u>			
		Issuance Fee <u>13.00</u>			
Investigation Fee		Total Fee <u>51.25</u>			

BUILDING ADDRESS <u>720 No. San Gabriel</u>				
LOCALITY <u>SSG</u>				
NEAREST CROSS ST.				
ASSESSOR MAP BOOK	PAGE	PARCEL		
USE ZONE	MAP NO. <u>126 261</u>	SPECIAL CONDITIONS		
DISTRICT <u>609</u>	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY <u>SSG</u>
STATISTICAL CLASSIFICATION				APT. CONDO.
CLASS NO. <u>22</u>		DWELL. UNITS		

SEWER MAP	
BK.	PG.

VALUATION
\$ <u>1,500.00/0</u>
\$

FINAL DATE <u>5/4/90</u>

FINAL By <u>H. Ambros for Contract Insp.</u>
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<u>Sign on Building</u>

LDMA Ref. #
LDMA P/C #
LDMA Perm. #

VALIDATION

23108A
 #.....23
 1..3209
 ...32093
 0411-90
 23109A
 #.....1
 1..5125
 ...51253
 0411-90

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

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